

MDR Tracking Number: M5-04-3408-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 06-07-04.

Dates of service 08-01-03 and 08-06-03 CPT code 97140 were withdrawn by the requestor on 09-21-04 and will not be reviewed by the Medical Review Division.

CPT code 97140 dates of service 08-08-03, 08-11-03 and 08-13-03 per the respondent's EOBs were paid. These dates of service are no longer in dispute.

The IRO reviewed manual therapy, performance testing, electrodes, therapeutic exercise, manipulation, office visits and ultrasound rendered from 08-15-03 through 03-29-04 that were denied based upon "U".

The IRO determined that physical performance tests and office visits from 08-15-03 through 03-29-04 and therapeutic exercises dates of service 08-15-03 through 09-30-03 and 03-02-04 through 03-29-04 and manual therapy for 08-15-03 through 09-30-03 **were** medically necessary. The IRO further determined that therapeutic exercises for dates of service 10-01-03 through 03-01-04 and manual therapy dates of service 10-01-03 through 03-29-04 along with electrodes, ultrasound and manipulation for dates of service 08-15-03 through 03-29-04 **were not** medically necessary.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 09-03-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

Review of CPT codes 98943-59, 97140, 97110 and 94761 on dates of service 08-18-03 and 09-17-03 revealed that neither party submitted EOBs. Per Rule 133.307(e)(2)(B) the requestor did not provide convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement is recommended.

CPT code 99455-RP date of service 08-20-03 denied with denial code "Y/MD" (there is no descriptor on the EOB for denial code MD. Per Rule 134.202(b) reimbursement is recommended in the amount of **\$50.00**.

CPT code 99080-73 dates of service 09-15-03 and 02-02-04 denied with denial code "F" (Fee guideline MAR reduction). The carrier made no payment. Per Rule 134.202(b) reimbursement is recommended in the amount of **\$30.00**.

CPT code 99080-73 date of service 10-16-03 denied with denial code "U" (unnecessary treatment without peer review). Per Rule 129.5 the TWCC-73 is a required report and is not subject to an IRO review. Reimbursement is recommended in the amount of **\$15.00**. A referral will be made to the Compliance and Practices Division due to violation of Rule 129.5 by the carrier.

CPT code 97750-MT (3 units) dates of service 09-15-03 and 12-31-03 denied with denial code "G"(global). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which service CPT code 97750-MT was global to. Per Rule 134.202(c)(1) reimbursement is recommended in the amount of **\$105.78 (\$28.21 X 125% = \$35.26 X 3 units)**.

CPT code 98943-59 (2 units) dates of service 09-19-03 and 09-22-03 denied with denial code "G" (global). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which service CPT code 98943-59 was global to. Per Rule 134.202(b) reimbursement is recommended in the amount of **\$50.00 (\$25.00 X 2 units)**.

CPT code 99080-73 date of service 12-31-03 denied with denial code "N/YN" (documentation has not been submitted to substantiate the service). The requestor did not provide documentation for review. No reimbursement is recommended.

CPT code 97112 dates of service 01-05-04, 01-07-04 and 01-09-04 denied with denial code "F/TK" (fee guideline MAR reduction/Rule 133.1 requires submission of legible supporting documentation, reimbursement is denied). The requestor did not provide documentation for review. No reimbursement is recommended.

CPT code 99213-25 date of service 02-18-04 denied with denial code "N" (not appropriately documented). The requestor did not provide documentation for review. No reimbursement is recommended.

CPT code 99213-25 date of service 02-27-04 denied with denial code "MU" (physical medicine and rehabilitation services may not be reported in conjunction with an evaluation and management code performed on the same day). Per Rule 134.202(a)(4) and Rule 133.304(c) the carrier did not specify which service code 99213-25 could not be reported in conjunction with. The MAR per Rule 134.202(c)(1) is \$65.18 (\$52.14 X 125%), however the requestor billed \$62.81. Reimbursement per is recommended in the amount of **\$62.81**.

This Findings and Decision is hereby issued this 10th day of February 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies effective August 1, 2003 per Commission rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 08-15-03 through 03-29-04 in this dispute.

This Order is hereby issued this 10th day of February 2005.

Margaret Ojeda, Manager
Medical Dispute Resolution
Medical Review Division

MQO/dlh

Enclosure: IRO Decision

NOTICE OF INDEPENDENT REVIEW DECISION

August 27, 2004

Amended Letter 02/09/05

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-3408-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The patient sustained a work-related injury on ____ while performing general office manager duties including repetitive typing, answering telephones, keying, file preparation, and frequent documentation. She has had surgery for left carpal tunnel release on 04/17/03 and a second surgery on 07/02/03 and right carpal tunnel release on 12/11/03. She has been undergoing rehabilitation therapy.

Requested Service(s)

Manual therapy, performance test, electrodes, therapeutic exercise, manipulation, office visits, and ultrasound for dates of service from 08/15/03 through 03/29/04.

Decision

It is determined that the office visits and physical performance tests were medically necessary for date of service 08/15/03 through 03/29/04. Additionally, therapeutic exercises for dates of service 08/15/03 through 09/30/03 and 03/02/04 through 03/29/04 were medically necessary. And, manual therapy for dates of service 08/15/03 through 09/30/03 were also medically necessary to treat this patient's medical condition. However, therapeutic exercises for dates of service 10/01/03 through 03/01/04 were not medically necessary and manual therapy for dates of service 10/01/03 through 03/29/04 were not medically necessary. Electrodes, ultrasound and manipulation for dates of service 08/15/03 through 03/29/04 were not medically necessary to treat this patient's medical condition.

Rationale/Basis for Decision

Medical record documentation indicates the patient has undergone extensive therapy. The office visits and physical performance tests were medically necessary for the evaluation of the patient. Additionally some therapeutic exercises and manual therapy were also necessary to treat this patient's medical condition. However, electrodes, ultrasound and manipulation were not medically necessary to treat this patient's medical condition.

Provinciali et al performed a randomized trial to assess the clinical evolution after carpal tunnel release in subjects with long-term carpal tunnel syndrome. The subjects were randomized to a rehabilitation program or to a progressive home exercise program. No difference in symptom occurrence was detected between the two groups after 1 and 3 months. One month after surgery, only patients in the first group showed motor dexterity improvement. At the 3-month follow-up, the two groups did not differ. (*Provinciali L, Giattini A, Splendiani G, Logullo F., "Usefulness of hand rehabilitation after carpal tunnel surgery.", Muscle Nerve 2000 Feb;23(2):211-6*). Additionally, O'Connor et al evaluated the effectiveness of non-surgical interventions (other than steroid injections) for carpal tunnel syndrome versus a placebo or other non-surgical control interventions in improving clinical outcome. The reviewer concluded that current evidence shows significant short-term benefit from oral steroids, splinting, ultrasound, yoga and carpal bone mobilization, other non-surgical treatment do not produce significant benefit and therefore is not a medically necessary. (*O'Connor, D, et al, "Non-surgical treatment (other than steroid injections) for carpal tunnel syndrome", (Cochran Review), in The Cochrane Library, Issue 1, 2003, Oxford*).

Van der Windt et al conducted a review to evaluate the effectiveness of ultrasound therapy in the treatment of musculoskeletal disorders. No evidence of clinically important or statistically significant results was found. The authors concluded that, as of yet, there seems to be little evidence to support the use of ultrasound therapy in the treatment of musculoskeletal disorders. (*Van der Windt DA, et al, "Ultrasound therapy for musculoskeletal*

disorders: a systematic review", Pain. 1999 Jun;81(3):257-71). Additionally, Robertson and Baker noted that therapeutic ultrasound is one of the most widely and frequently used electrophysical agents however the authors concluded that there was little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. (Robertson VJ, Baker KG, "A review of therapeutic ultrasound: effectiveness studies", Phys Ther. 2001;81(7):1339-50).

Therefore, the office visits and physical performance tests were medically necessary for dates of service 08/15/03 through 03/29/04. Therapeutic exercises for dates of service 08/15/03 through 09/30/03 and 03/02/04 through 03/29/04 were medically necessary. And, manual therapy for dates of service 08/15/03 through 09/30/03 were medically necessary to treat this patient's medical condition. However, therapeutic exercises for dates of service 10/01/03 through 03/01/04 were not medically necessary and manual therapy for dates of service 10/01/03 through 03/29/04 were not medically necessary. Additionally, electrodes, ultrasound, and manipulation for dates of service 08/15/03 through 03/29/04 were not medically necessary to treat this patient's medical condition.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:vn

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-04-3408-01

Information Submitted by Requestor:

- Dr Combs' Justification Letter
- Progress Notes
- Treatment Records
- Request for Reconsideration
- Magnetic Resonance Imaging
- Electromyogram/Nerve Conduction Velocity
- Operative Report
- Progress Report
- Functional Capacity Evaluation Summary
- Report of Medical Evaluation

Information Submitted by Respondent: